

CINCINNATI TECHNOLOGY CENTER 6285 TRI-RIDGE BOULEVARD LOVELAND OH 45140

T 513 248 6000 F 513 248 8455

RECEIVED **CENTRAL FAX CENTER** 

CONFIDENTIAL FACSIMILE TRANSMISSION	ENTRAL IAX OFFICE
To: Commissioner for Patents	OCT 1 5 2007
	· Section and Budge of the Policy School of the six six of the section of the six of the section
Fax: 571-273-8300	
Tel: Our File Ref.: PCP-023445-US	
Date: 10/15/2007 Your File Ref.: 10/662,699	
RE: Request for Continued Examination No. of Pages: 18 (including this co	over sheet)
URGENT CONFIRMATION COPY FOLLOWS BY: NO COPY FOR YOUR INFORMATION OVERNIGHT MAIL INTERNATIONAL MAIL	PY
In response to the Office Action dated 09/15/2006 , please find the following checked it	tems:
Cover letter,1_ sheet(s);	· · · · · · · · · · · · · · · · · · ·
Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) the reof attached thereto, 2 sheet(s);	) copy
Fee Transmittal, Form PTO/SB/17, 1 sheet(s);	
Response to Office Action (including attachments, if any), 11 sheet(s) total;	
Request for Continued Examination Transmittal, Form PTO/SB/30, and one (1) copy thereof attached thereto, 2 sheet(s);	
Notice of Appeal to the Board of Patent Appeals, Form PTO/SB/31, and one (1) copy thereof attached thereto, sheet(s);	
Other:	
Thank you.	
The undersigned hereby certifies that a true and occurate copy of the items checked above any being transmitted to the Honorobic commissioner for Patents, transmission to the fecalmile number indicated above, on this the	by tecsimile
	150_

This facsimile transmission may contain confidential and/or legally privileged information from the law department of International Paper Company which is intended only for the use of the Individual(s) named above. If you are not the Intended recipient, you are hereby notified that any disclosure, copying or distribution of this facsimite transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by phoning (\$13) 248-6207 so that we can arrange for the return of the documents. Thank you.



PATENT	,			CINCINNATI TECHNOLOGY CENT 6285 TRI-RIDGE BOULEVARD	ER		
1141 ECLE	CTUAL PROPERTY			T 513.248.6736 F 513.248.6455	RE( CENTRAI	CEI\ FAX	ED CENTER
SENT		LE TO ( 517-273-8300 ASS MAIL TO THE ADDI	) RESS BI	thomas.bames@ipaper.com			2007
Octobe	er 15, 2007						
United Post O	op ssioner for Patents States Patent and Trac ffice Box 1450 dria. Virginia 22313-14				: « played in production of the first	- Marian	
RE:	Applicant(s) : Ag Serial No. : 10/ Flied on : Se	TER-FINAL RESPONSE To Sworin et al. 662,699 ptombor 15, 2003 per With Improved Stiffness and					
Dear C	ommissioner:						
Enclose	ed herewith for filing, A	pplicant(s) respectfully sub	mit(s) th	e following checked items:			
X	Petition for Extension copy theroof attached	of Time Under 37 C.F.R. 1 thereto, 2 sheet(s);	.136(a),	Form PTO/SB/22, and one (1)	)		
$\boxtimes$	Fee Transmittal, Form	PTO/SB/17,1_ sheet	(3);				
$\boxtimes$	Response to Office A	tion (including attachment	s, if any)	. 11 sheet(s) total;			
X	Request for Continued thereof attached there	Examination Transmittal, to, <u>2</u> sheet(s);	Form P	FO/SB/30, and one (1) copy			
	Notice of Appeal to the thereof attached there	Board of Patent Appeals, to, sheet(s);	Form P	TO/SB/31, and one (1) copy			
	Other:				_; _;		
	Postage-prepaid retunabove-listed items.	n-receipt postcard for your	use in s	tamping to Indicate receipt of	the		
Please : listed ite	stamp the enclosed poems. Please feel free to	stcard, if checked, and reto o contact me if you have a	um şame ny quest	to me to indicate your receip ions concerning the above or	t of the above the enclose	/e- d.	
Thomas		Final Response to being transmitted mail, postage prop	hereby con Office Act to the Hon- paid, addre Virginia 22	Initing or Transmission Under 37 Griflos that a true and accurate copy of ion", together with all attachments referable Commissioner for Patents, eith as a commissioner for Patents, Patents, Patents, or by facsimile transmission this the	the within "Afte forrod-to herein her by first-clas ost Office Box on to the facsin	i, is s nile	
					* *44 *********************************		

## INTERNATIONAL PAPER

RECEIVED 51

513 248 6451

P.007

OCT 1 5 2007

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. QMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 notporsons are required to respond to a collection of Information unless it displays a valid OMB control number Effective on 12/05/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/662,699 **Application Number** FEE TRANSMITTAL Filing Date 09/15/2003 For FY 2008 Agne Swerin et al. First Named Inventor Examiner Name Mayes, D. W. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1731 TOTAL AMOUNT OF PAYMENT 1110.00 PCP-023445-US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card JMopey Order None I JOther (please identify): ✓ Deposit Account Deposit Account Number: 09-0525 Deposit Account Name: International Paper Co. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Foo (\$) Foo (\$) Fee (\$) Foo (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 **Provisional** 210 105 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Foo (\$) Foo (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 Total Claims Extra Claims Foo (\$) **Multiple Dependent Claims** Foo Paid (\$) - 20 or HP = = 300.00 Fee (\$) Foo Pald (\$) HP = highest number of total claims paid for, if greater than 20, <u>Indep. Claims</u> Extra Claims Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3, 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof <u>Fee Paid (\$)</u> - 100 <del>=</del> (round up to a whole number) x 4. OTHER FEE(S) Foos Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Roquest for Continued Examination 810.00 <u>ŞUBMITTED BY</u> Registration No. 52,595 Signature Telephone 513-248-6736 -2012 C

Name (Print/Type) Thomas W. Barnes, III Ph.D

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Patents, P.Q. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.